## Los Angeles County Sheriff's Department Supervisor's Report on Use of Force Page

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Incident Information URN: 9 0 1 Time: 0 2 0 - 4 1 1 4 5 Date: 3/29/12 1430 1601 Eastlake Avenue City or Station: Los Angeles 90033 Location: Bureau/Station/Facility: Court Services Division/ East Bureau/ Eastlake Admin. Investigation: YES 🗌 NO 🕅 Type of Force: Significant / Control Holds / Possible fracture to right wrist Deputy Injury : YES ио 🛛 YES 🛛 NO 🗌 Suspect Injury ○ Observation ☐ Detail Foot Pursuit Vehicle Pursuit IAB Notified: YES NO Person Notified: Lt. Ault. Alicia IAB Roll Out: YES NO X Emp: Involved Employee Employ Last Name First Name Middle Name Wilson Antoinette Unit of Assignment: Sex: Race: Work Assignment (Unit #, Module, etc.): Male X Female Н Eastlake Juvenile Court Department 201 Shift: Height: Age: Weight: Regular Shift OT Shift Off Duty Day Day ΡМ EM 509 165 Coroner Case # Directed Force Injured Treated Admitted Hospital: Significant Force Employee # Last Name First Name Middle Name Anpree Norman Sex: Unit of Assignment: Race: Work Assignment (Unit #, Module, etc.): Male Male Eastlake Juvenile Court Female 0 Lock-up Shift: Height: Weight: Age: Regular Shift OT Shift Off Duty ΕM Day PМ 602 200 Coroner Case # Directed Force Admitted Hospital: ☐ Injured ☐ Treated Significant Force Emplovee # Last Name First Name Middle Name Reyes Yvette Sex: Unit of Assignment: Race: Work Assignment (Unit #. Module, etc.): Eastlake Juvenile Court Male Н Department 202 Shift: Height: Age: Weight: Regular Shift OT Shift Off Duty X Day I ЕМ PM 505 175 Coroner Case # Directed Force Significant Force Injured Treated Admitted Hospital: Additional Involved Employees On Duty Supervisor Witness to Incident Emp. # Last Name First Name Middle Name Rank Present YES 🔯 NO [ YES NO B1 Present Witness to Incident First Name Middle Name Rank Emp. # Last Name YES NO YES NO [ Watch Sergeant Last Name Middle Name First Name Williams Ronald Watch Commander Last Name First Name Middle Name Nutt Richard C. Lieutenant Richard Nutt Watch Commander (Print Name) Watch Commander's Signature: Emp #: Date Sergeant Ronald Williams Sgt. Williams 196157 Copy Provided to Employee by: Supervisor Completing Form: (Print Name) Emp #/ () Anselmo C. Gonzalez Unit Commander (Print Name) Emp #: DISCOVERY Use Only mini DU Original: Discovery Unit Copy: Unit Commander

## Supervisor's Report on Use of Force SUSPECT INFORMATION

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	AKA Last Name			First Name		Mic	ddle Name			
	Sex: Male Female		treet Address:			City:	St	ate & Zip C	ode:	
		H		A 90:	Lloight.		Maisht			
	Work Phone: Ho	ome Phone:		13	Height: 505	D.O.B.	Weight:	60 P	\rmed?	
	Booking #: Pr	rimary Charg	ge Code: 243	(b) P.C.	Secondary Cha	arge Code: 148 (a)			History	
	EMT in attendance? XYES	NO Nam	e: Captain Po	nce (L.A.F.	D.) Unit: _	L.A.F.D. #1	Phone #:	(213) 48	5-620	1
	Hospital Admission? Rec'd	Treatment A	At: L.A. Co	unty USC	Coroner C	ase #:	Mental I	History	User's guide p	provides nis entry
	By Doctor: Peabo	ody	Address:	1200 N. S	State Street, L	A. 90033 P	hone #:	(323) 22	26-501	9
	Under Influence: YES	NO Subs	tance:		5	150 a factor in force	YES	NO NO	User's guide p direction on th	provides is entry
		1	<u> </u>	Suspect In				ADMITS HE	ADING	
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<u></u>	AKA Last Name									
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	Sex: Male Female	Race: S	Street Address:			City:	St	ate & Zip C	ode:	
	Work Phone:	ome Phone:		Age:	Height:	D.O.B.	Weight:	,	Armed?	
	Booking #: F	Primary Char	ge Code:		Secondary Ch	arge Code:		Crimina	al History	
	EMT in attendance? YES	NO Nan	ne:		Unit:_		Phone #:			
	Hospital Admission? Rec'd				Coroner Ca	ase #:	Mental H	listory	Jser's guide pr firection on thi	rovides is entry
	By Doctor:		Address:			F	Phone #: _			
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	Sex: Male Female									
	Work Phone:	lome Phone:		Age:	Height:	D.O.B.	Weight:		Armed?	
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	Hospital Admission? Rec'd	Treatment A	t:		Coroner Ca	se #:	Mental H		Jser's guide pr	
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## Supervisor's Report on Use of Force EMPLOYEE / NON-EMPLOYEE INFORMATION

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Emp. #   Last Name			E	mploy	ee Witnesses							
Emp. #   Last Name	Emp. # Lasi	t Name		Fir	First Name				Middle Name			
Emp. #   Last Name	Emp. # Lasi	t Name		Fir	st Name			Middle Name				
Last Name	Emp. # Last	t Name		Fir	st Name			Middle	Middle Name			
Last Name	Emp. # Las	t Name	First Name					Middle	Middle Name			
Last Name   Epstein   First Name   Age   D.O.B.	Emp. # Lasi	t Name		Fir	st Name			Middle	Middle Name			
Last Name   Epstein   First Name   Albert   Albert   Street Address   Los Angeles   Street Address   Street Address   Street Address   Los Angeles   Street Address   Street Address   Los Angeles   Street Address   Street Address   Los Angeles   Street Address   Los Angeles   Street Address   Street Address   Los Angeles   Street Address   Street Address   Los Angeles   Street Address   Street Add	Emp. # Last	t Name		Fir	st Name			Middle	Name			
Last Name   Epstein   First Name   Albert   Albert   Street Address   Los Angeles   Street Address   Street Address   Street Address   Los Angeles   Street Address   Street Address   Los Angeles   Street Address   Street Address   Los Angeles   Street Address   Los Angeles   Street Address   Street Address   Los Angeles   Street Address   Street Address   Los Angeles   Street Address   Street Add		approved to the second was	Non	-Empl	oyee Witnesses		er en					
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Street Address   1601 Eastlake Avenue   City   Los Angeles   90033   226-8927   Home Ph.	Epsteir	า	Δ	Albert	t				57			
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Last Name	Street Address			City			Zip Code	Work,	93)	Но	me Ph.	
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Chang         John         Zip Code         Work (\$\frac{1}{3}23)         Home Ph.           1601 Eastlake Avenue         Los Angeles         90033         226-8917           Last Name         Knox         Julia         Middle Name         Age         D.O.B.           Street Address         City         Zip Code         Work (\$\frac{1}{3}23)         Home Ph.           Los Angeles         90033         226-8998         Home Ph.           Last Name         First Name         Middle Name         Age         D.O.B.	h			**************************************			AND THE CONTRACTOR OF THE PROPERTY OF		of height and a section of the	Т	D.O.B.	
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SH-R-438P (Rev. 03/12) Additional Witness

### Supervisor's Report on Use of Force

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#### Method

(AW)	Arwen	(FH)	Firearm (Handgun)	(PO)	Personal Weapon (Other)
(BC)	Baton: (Control)	(FR)	Firearm (Rifle)	(RS)	Resistance
(BI)	Baton: (Impact)	(FS)	Firearm (Shotgun)	(CN)	Restraint Device (Capture Net)
(BF)	Bodily Fluids	(FO)	Firearm (Other)	(RH)	Restraint Device (Handcuffs)
(CN)	Canine	(FB)	Flashbang	(HB)	Restraint Device: Hobble (Legs Only)
(CR)	Carotid Restraint	(FL)	Flashlight	(TP)	Restraint Device: Hobble (TARP)
(CH)	Choke Hold	(OE)	Other Weapon: Edged	(RE)	Restraint Device: REACT Belt
(CT)	Control Holds: (Control Techniques)	(OV)	Other Weapon: Vehicle	(SP)	Sap
(TT)	Control Holds: (Team Takedown)	(OB)	Other Weapon: Blunt Object	(SH)	Shield
(TD)	Control Holds: (Takedown)	(00)	Other Weapon: Other	(SG)	37mm Stinger
(CE)	Chemical	(PK)	Personal Weapon: Feet/Leg: (Kick)	(SB)	Sting Ball
(OC)	Chemical Agents (OC Spray)	(PS)	Personal Weapon: Feet/Leg: (Sweep)	(ST)	Stun Bag
(TG)	Chemical Agents (Tear Gas)	(PH)	Personal Weapon (Hand/Arm)	(TR)	Taser
(EX)	Explosives	(PP)	Personal Weapon (Push)	(UC)	Uncooperative

(TG)	Chemical Agents ( Explosives		as) (Pl	d) Pers	sonal Weapon (Hand/Arm) sonal Weapon (Push)		(TR)	Taser Uncooperat	ive	
(AB) (BR) (BU) (CP) (CO)	Abrasion Bruise Burn Complaint of Pain Concussion Death Dislocation	(FR) I (GS) ( (HB) I (LC) I (ND) I	Dog Bite Fractures Gunshot Human Bite Lacerations Nerve Damage Organ Damage	(PW) (SD) (ST) (UN) (RM)	Sprain/Twists Unconscious Refused Med Treatment	(AE (Ak (AF (Bk (BT	Abdor Ankle Ankle Ankle Back Buttoo Ankle Ankle Ankle Buttoo	(FE) (FI) (GE) cks (GR) (HD)	Feet (I Fingers (I Genitals (I Groin (I Hands (I Head (S	HI) Hip N) Internal KN) Knees LE) Leg NK) Neck NO) Nose SH) Shoulder WR) Wrist
Γ	FORCE	USED	ВҮ		FORCE USED AGA	INST		Method	Type of Injury	Body Part
	Name E# or S#		#	Name I		# or S#	(Code)	(Code)	(Code)	
	Deputy Wils	son	E#1		SJA		S#1	CT	FR	WR

FORCE USED B	BY	FORCE USED AGAI	NST	Method	Type of Injury	Body Part
Name	E# or S#	Name	E# or S#	(Code)	(Code)	(Code)
Deputy Wilson	E#1	SJ/	S#1	CT	FR	WR
SJ/	S#1	Deputy Wilson	E#1	RS/PO	NN	
Deputy Anpree	E#2	SJ/	S#1	CT/RH	FR	WR
SJ/	S#1	Deputy Anpree	E#2	RS	NN	
Deputy Lopez	E#4	SJ/	S#1	CT/RH	FR	WR
SJ/	S#1	Deputy Lopez	E#4	RS	NN	
Deputy Reyes	E#3	SJ/	S#1	CT/RH	NN	
SJ/	S#1	Deputy Reyes	E#3	RS	NN	
Deputy Anpree	E#2	SJ/	S#1	CT	FR	WR
SJ/	S#1	Deputy Anpree	E#2	RS	Br	LR
Deputy	E#5	SJ/	S#1	CT/RH	FR	WR
Deputy	E#6	SJ/	S#1	CT	FR	WR
SJ/	S#1	Deputy	E#6	UC	NN	
Deputy Reyes	E#3	SJ/	S#1	CT	NN	
SJ/	S#1	Deputy Reyes	E#3	UC	NN	

# Supervisor's Report on Use of Force INVOLVED EMPLOYEE - Continuation 9 1 2 - 0 0 1 2 0 - 4 1 2 5 - 1 4 5

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	Involved Employee									
E 4	Employee #	Last Name			Middle Name					
			Lopez				Clark			
	Sex:	Race: Unit of Assignment:				Work Assignment (Unit #, Module, etc.):				
	Male Fema	ile H	Eastia	Eastlake Juvenile Court			Department 205			
	Shift:		Regular Shift	OT Shift	Off Duty	Age:	Height:	Weight:		
	☐ EM ☑ Day	L PM					600	175		
							Coroner Case #	Directed Force		
	Injured Treat	ed Admitted	Hospital:				What have been been a second and the	Significant Force		
<b>E</b> 5	Employee #	Last Name			First Nan	ne		Middle Name		
	Sex:		T Usit of Assistance			1				
	Male Fema	le Race:	Unit of Assignme	ake Juvenile	Court	Work A	Assignment (Unit #, Mo Bonus			
	Shift:	111	Lastic	ake davernie	Court	Age:	Height:	Weight:		
l	☐ EM ☐ Day	ПРМ	Regular Shift	OT Shift	Off Duty	Age.	600	185		
							Coroner Case #	Directed Force		
	Injured Treate	ed Admitted	Hospital:				Coroner Case #	Significant Force		
		Last Name			First Nar					
E_6	Employee #	Last Name			FIRST Nar	ne		Middle Name		
	Sex:	Race:	Unit of Assignme			Work A	Assignment (Unit #, Mo	·		
	Male Fema	le H	H Recruit Training Bureau				CARP in Depa			
l	Shift:		Regular Shift	OT Shift	Off Duty	Age:	Height:	Weight:		
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							Coroner Case #	Directed Force		
	Injured Treate	ed Admitted	Hospital:					Significant Force		
E	Employee #	Last Name			First Nar	ne		Middle Name		
_	Sex:	T 6	Link of Apping			1				
	Male Fema	Race:	Unit of Assignme	ent:		Work A	Assignment (Unit #, Mo	dule, etc.):		
	Shift:	1				Age:	Height:	Weight:		
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ı							Coroner Case #	Directed Force		
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